



Mitchell E. Daniels, Jr., Governor  
State of Indiana

*Indiana Family and Social Services Administration*  
E. Mitchell Roob Jr., Secretary

### Indiana Family and Social Services Administration Eligibility Modernization Voluntary Community Assistance Network (V-CAN) Registration

Please complete this registration document to become a formal member of the Voluntary Community Assistance Network (V-CAN). We will use this information for internal purposes only and it will not be shared. Your information will help us better target our communications and materials for your organization.

***Please note:** This form can be completed in Microsoft Word, saved and e-mailed – or, it can be printed and FAXed or mailed (see below for contact information).*

Organization Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

County: \_\_\_\_\_

Contact Name:\* \_\_\_\_\_

Contact Phone: \_\_\_\_\_

Contact E-mail: \_\_\_\_\_

County(ies) with office: \_\_\_\_\_

Counties served: \_\_\_\_\_

\* The Contact Name should be the person who should receive e-mails about official V-CAN communications and packages of V-CAN resources materials, if applicable. We encourage you to share the e-mails with others in your organization.

My organization would like to be a V-CAN member at the following level (for more information on levels of membership, see "V-CAN Overview" at <http://www.in.gov/fssa/transformations/edcommunication.html>):

- ☐ Access Point – Receive supportive materials for new application tools (PC tent cards, Call Center tip cards, etc.)
- ☐ Referral – Receive client educational materials regarding changes to system (posters, postcards, etc.)
- ☐ Informational – Receive communication updates regarding changes to system (e-mails, newsletter links, etc.)

If you chose to be an **Access Point**, would you like your location publicized on the FSSA website for potential applicants? (Referral and Informational members' locations will **not** be publicized.)

☐ Yes

☐ No

Do you have any publications, e-mail updates, or other communications in which it might be appropriate to include information on our project?

☐ Yes

☐ No

If **yes**, would you accept updates from our project to include in your publication? ☐ Yes ☐ No

If **yes**, please briefly describe the type of and number of recipients of your publication:

\_\_\_\_\_

Are you interested in becoming (or would you like information about becoming) a site for Community Work Experience Program (CWEP) participants? (In the CWEP, IMPACT job training participants are placed as volunteers in your organization to do part-time or full-time work, at no cost to your organization.)

☐ Yes ☐ No

Type of organization (please choose the **one** response that best describes your organization):

- |  |   |
|--|---|
| <input type="checkbox"/> Advocacy Organization                     | <input type="checkbox"/> Health Department                  |
| <input type="checkbox"/> Area Agency on Aging                      | <input type="checkbox"/> Home Health Agency                 |
| <input type="checkbox"/> Child Care Provider                       | <input type="checkbox"/> Homeless Shelter                   |
| <input type="checkbox"/> Community Action Agency                   | <input type="checkbox"/> Housing Authority/Agency           |
| <input type="checkbox"/> Community Center                          | <input type="checkbox"/> Information & Referral Agency      |
| <input type="checkbox"/> Community Mental Health Center            | <input type="checkbox"/> Religious Congregation             |
| <input type="checkbox"/> Disability Agency                         | <input type="checkbox"/> United Way                         |
| <input type="checkbox"/> Domestic Violence Shelter/Rape Crisis Ctr | <input type="checkbox"/> Workforce Training Center/Provider |
| <input type="checkbox"/> Food Pantry/Food Bank                     | <input type="checkbox"/> YMCA/YWCA                          |
| <input type="checkbox"/> Health Center/Hospital                    |   |
| <input type="checkbox"/> Other, please specify: _____              |   |

Comments (if you serve more than one function, please explain here): \_\_\_\_\_

Check below all of the services you offer:

- |  |   |
|--|---|
| <input type="checkbox"/> Case management/service coordination        | <input type="checkbox"/> Information and referral             |
| <input type="checkbox"/> Child care                                  | <input type="checkbox"/> Legal services                       |
| <input type="checkbox"/> Community-based services                    | <input type="checkbox"/> Medical services                     |
| <input type="checkbox"/> Counseling                                  | <input type="checkbox"/> Mental health services               |
| <input type="checkbox"/> Day shelter for the homeless                | <input type="checkbox"/> Mentoring and/or tutoring            |
| <input type="checkbox"/> Domestic violence/sexual assault counseling | <input type="checkbox"/> Overnight shelter                    |
| <input type="checkbox"/> Early intervention/prevention               | <input type="checkbox"/> Substance abuse counseling/treatment |
| <input type="checkbox"/> Education                                   | <input type="checkbox"/> Parenting education                  |
| <input type="checkbox"/> Emergency financial assistance              | <input type="checkbox"/> Transitional housing                 |
| <input type="checkbox"/> Emergency food and/or clothing              | <input type="checkbox"/> Transportation                       |
| <input type="checkbox"/> Foster care/adoption                        | <input type="checkbox"/> Vocational/job training              |
| <input type="checkbox"/> Housing assistance                          | <input type="checkbox"/> None                                 |
| <input type="checkbox"/> In-home/residential services                |   |
| <input type="checkbox"/> Other, please specify: _____                |   |

Generally, what populations do you serve (check all that apply)?

- |   |   |
|---|---|
| <input type="checkbox"/> Homeless                     | <input type="checkbox"/> Spanish-speaking individuals |
| <input type="checkbox"/> Low-income families          | <input type="checkbox"/> Unemployed adults            |
| <input type="checkbox"/> MR/DD population             | <input type="checkbox"/> Infants/young children       |
| <input type="checkbox"/> Older adults                 | <input type="checkbox"/> Victims of crime             |
| <input type="checkbox"/> People with Disabilities     | <input type="checkbox"/> Youth                        |
| <input type="checkbox"/> Other, please specify: _____ |   |

**Thank you for registering!** You will receive confirmation of your registration as soon as it is processed.  
If you have questions, please contact us at [vcan@us.ibm.com](mailto:vcan@us.ibm.com).

Please e-mail, FAX or mail your completed survey to the following:

E-mail: [vcan@us.ibm.com](mailto:vcan@us.ibm.com)

FAX: (317) 706-2660

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